## AIRCRAFT HANGAR WAITING LIST APPLICATION

## HAYWARD EXECUTIVE AIRPORT 20301 SKYWEST DRIVE, HAYWARD, CA 94541-4699 TEL (510) 293-8678 / FAX (510) 783-4556

Website: http://www.hayward-ca.gov

A refundable deposit of \$100 is required for each hangar size selected.

Date Received:

(Attach copy of receipt)

Time: \_\_\_\_\_ Initials: \_\_\_\_\_ Payment Received: \_\_\_\_ Via:\_\_\_\_

## (Please print) Application MUST BE COMPLETED in full, in order to be processed. NAME \_\_\_\_\_ HOME PHONE # (\_\_\_\_\_) CELL PHONE # ( ) ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP EMAIL ADDRESS \_\_\_ BUSINESS NAME/ADDRESS BUS. PHONE # (\_\_\_\_\_\_ ) \_\_\_\_\_ CITY\_\_\_\_\_\_ STATE/ZIP\_\_\_\_\_\_ AIRCRAFT MAKE MODEL WING SPAN AIRCRAFT "N" A/C PRESENTLY BASED AT **Door Opening Door Height** EXECUTIVE HANGAR (approx. 3600 sq. ft.) 59 ft. 15'11" See Diagram $\rightarrow$ NOTE: It is the applicant's responsibility to keep the airport informed of any address and/or phone number changes. This application is subject to the terms and conditions of the current Waiting List Policies. BY MY SIGNATURE, I HEREBY ACKNOWLEDGE THAT I AM APPLYING FOR AN EXECUTIVE HANGAR. I HAVE READ AND UNDERSTOOD THE HANGAR WAITING LIST POLICIES ATTACHED. AND WILL COMPLY. Signature \_\_\_\_\_\_ FOR OFFICE USE ONLY: DATE \_\_\_\_\_ REMARKS \_\_\_\_\_ DATE \_\_\_\_\_ REMARKS \_\_\_\_\_ DATE REMARKS

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## Executive Hangar

Approximate Dimensions Height: 15'11" 59' Door Opening

